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ABSTRACT

The impact of an experiential/feedback oriented curricula on levels of confidence of dental students was examined. The study was conducted in the TEAM (Training in Expanded Auxiliary Management) program at the University of Pennsylvania School of Dental Medicine. The subjects were 31 senior dental students (fourth year) who had completed a one-semester elective didactic course entitled, "Management of a Dental Practice: A TEAM Approach," and a three-and-one-half week clinical elective. In the clinical experience the student managed his own group dental practice utilizing expanded-function dental assistants. Twenty-three behaviors were identified that relate directly to managing a group dental practice using the assistants. A 1-7 scale was used for a student to determine how effectively he could carry out the behavior. Each student completed the attitude measure as part of a larger questionnaire entitled, "Pre-Questionnaire TEAM Clinical Experience." After a student completed the Senior Associate week, he was given the "TEAM Clinical Feedback Form." Both the questionnaire and feedback form are appended. Among the conclusions of the study are the following: innovative curricula are possible in a professional school; attitude measures are a reliable and valid means of determining growth in the affective domain; the TEAM Clinical Program at the dental school has accomplished 23 of its behavioral objectives as measured by student and faculty reports; and student self-reports are reliable and correlate with faculty perceptions in a clinical situation. (SW)

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THE IMPACT OF AN EXPERIENTIAL/FEEDBACK-ORIENTED CURRICULA
ON LEVELS OF CONFIDENCE OF DENTAL STUDENTS

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Introduction

This paper will examine the impact of an experiential/feedback oriented curricula on levels of confidence of dental students. The study was conducted in the TEAM (Training in Expanded Auxiliary Management) Program at the University of Pennsylvania School of Dental Medicine (SDM). The subjects were 31 senior dental students (4th year) who had completed a one semester elective didactic course entitled, "Management of a Dental Practice: A TEAM Approach", and a 3½ week clinical elective. In the latter experience the student managed his/her own group dental practice utilizing expanded-function dental assistants (EFDA).

The Problem

Dental education has faced a major problem. Although there has been a continuing, outcry for modification of admissions, teaching methodology, curricula and in the skills produced in the dentist, dental education has basically remained the same. Vinton (1978) contends that the dental school is basically teacher-centered and thus produces an individual who has more personalistic values (self) than sociocentric values (other). Vinton's study shows that it is the effect of the teaching methodology which produces this outcome. He suggests that in order to produce a practitioner who is more sociocentric, class centered and self-directed learning are needed. This paper will describe just such an attempt at the University of Pennsylvania School of Dental Medicine.

* * * * *

The authors wish to thank Robert Emling, Ed.D., for help in instrument design, Roger Fishman, Ed.D., for statistical advice, and Julie Barna, B.S., for tabulating data.

Landay, Sallin and Hildebrand (1974) and Yanoff and Allender (1977) suggest alternatives to traditional teaching in a school of dental medicine. Other areas of education, likewise, have contributed to new curricula innovations from a teaching methodological standpoint. (Silberman, Allender and Yanoff, 1976) Many of these innovative techniques such as team teaching (Yanoff and Bennett, 1975), peer review, video taped feedback sessions (Allender and Yanoff, 1977), simulations, and non-directive teaching have been implemented into this program. To what extent this has been successful in helping students grow becomes one of the questions of this paper.

Attitude change has been shown to be a measurable indicator of growth (Steinberg, 1973). The changes of attitudes suggest an affective measure of a program which can complement the cognitive and psychomotor skills that need to be measured. In order to study changes in attitudes, the researcher needs to obtain both pre and post data from students. Too many studies of attitudes are no more than simply feedback mechanisms for faculty and thus do not indicate to what extent the program (treatment) was the independent variable. Also the researcher must test the reliability of the attitude change by comparing student's perception with faculty observations. Many studies of attitude change can be shown to be valid, however they lack reliability. These two common errors often negate attitude studies as an appropriate means of measuring treatment outcomes.

One question that should be asked is, "How reliable is a students' self evaluation?" Jacobs, Briggs, and Whitney (1975) studies whether self evaluation could be relied upon for maintaining student achievement and academic progress, and thus, supplement the process of evaluation conducted by faculty. They found that good and average students could use self evaluation, however "...poor students cannot be depended on to evaluate realistically their own or their peers' performance." Two considerations could be noted. If a program can be selective, then one might assume that self evaluation is an appropriate means of measuring attitudes. Secondly, since attitudes are so personal (affective domain), the only means to obtain the information is through self-reporting.

This study will examine the change in student's levels of confidence as a result of a 3½ week experience as managers of a dental team.

The Program

Yanoff and Bentley (1978) and Bentley and Yanoff (1978) describe the TEAM Program at the School of Dental Medicine. An outline of the 3½ week experience can be found in the Appendix (Exhibit 1) of this paper. Each student experiences a progression through four simulated dental practice roles:

- (1) Prospective Junior Associate: This person is new to the practice, is interviewed and oriented to the policies and procedures.
- (2) Junior Associate: In this role, the person practices dentistry using two operatories and has two EFDAs under his/her supervision. The Junior Associate performs operative dentistry on an average of three patients a morning. (This is comparable to seeing one patient in the main clinic in an equal amount of time.)
- (3) Business Manager: During this week, the student practices NO dentistry and manages the business aspects of the practice. He/she interviews, checks the scheduling, calculates the break-even points, determines cost-effectiveness of the practice, down-time and money made. The Business Manager oversees the smooth operation of practice and makes recommendations to the Senior Associate.
- (4) Senior Associate: In the final week of the experience, the Senior Associate is responsible for the team. He/she runs the team meetings, performs dentistry, oversees the new Junior Associate and has control of what occurs in that team.

There are two, independent team practices operating at all times. Thus, each week, a new Prospective Junior Associate enters each team and a Senior Associate leaves. This on-going movement through the experience means that students are responsible for its functioning, and faculty are available as monitors and evaluators (Yanoff, Bentley, and Nash, 1978). This approach was found to respond to the outlines of dental educators and truly implement innovative notions of education directly into a dental educational environment.

Measures

Twenty three behaviors were identified that relate directly to managing a group dental practice utilizing EFDAs. A 1 to 7 scale was utilized for a student to determine how effectively he/she could carry out the behavior. "1" indicated "not confident at all" and "7" stated "very confident." Each student completed the attitude measure as part of a larger questionnaire entitled, "Pre-Questionnaire TEAM Clinical Experience." (Appendix, Exhibit 2) This questionnaire was given to each student in an orientation meeting and completed/returned prior to the first clinical day. After a student completed the Senior Associate week, he/she was given the "TEAM Clinical Feedback Form." (Appendix, Exhibit 3). The student completed the same attitude measure as part of the larger post-test questionnaire.

At the time of presentation of this paper, over 60 students will have been involved in the program. The data represents those students participating from January, 1978 to May, 1978. It should be noted that data is being collected on a continual basis for all students who are in the program.

Findings

Pre and post data was tabulated for each student. Growth (residential gains) was then calculated. It was assumed that any change of direction (positive or negative) was growth. A student who was overconfident before entering the program and less confident upon leaving was considered to have grown or learned about him/herself and visa versa. In order to dispell any notion that satistical significance was intended by this methodology, the statistical calculations were computer using all positive growth scores and positive combined with negative. The same levels of significance were obtained, thus, this paper will report only the former, as it best suits the rationale of the program.

The Sandler statistic A (1955) was used to determine the statistical significance of correlated samples for each of the 23 items on the pre-post measure. The statistic used the following formula:

$$A = \frac{\sum D^2}{(\sum D)^2}$$

When D = differences of pre and post test (residual gain)

An A value of 0.105 or less corresponds to the .001 level of significance for 30 degrees of freedom (number of pairs - 1). Runyan and Haber, 1968).

Table 1, shows the pre-test means and standard deviations (S.D.), post-test means and standard deviations (S.D.), the mean differences and significance for the 23 items. A graphic breakdown of each item can be found in the Appendix, Exhibit 4.

TABLE 1

Item	Pre		Post		Dif
	$\bar{x}$	S.D.	$\bar{x}$	S.D.	$\bar{x}$
1. Planning short/long range objectives	4.58	1.39	5.68	0.70	*1.10
2. Performing quadrant dentistry	4.68	1.28	5.81	1.05	*1.13
3. Establishing effective education/recall program for office	4.45	1.34	5.23	0.92	*0.78
4. Using auxiliary staff in the most cost efficient manner possible	3.68	1.42	5.61	0.76	*1.93
5. Making decisions/communicating w/ staff while under pressure	4.81	1.17	5.87	0.85	*1.06
6. Implementing collection/payment procedures	3.65	1.38	4.94	1.06	*1.29
7. Appraising auxiliary-preformed procedures	5.29	1.16	6.23	0.62	*0.94
8. Motivating dental staff to do tasks	4.68	1.11	5.71	0.94	*1.03
9. Delegating tasks to auxiliaries	4.81	1.38	6.35	0.61	*1.54
10. Evaluating dental receptionist	4.71	1.47	5.65	0.84	*0.94
11. Mediating conflicts between staff	4.68	1.30	5.58	1.12	*0.90
12. Providing personally satisfying environment for you and your staff	5.06	1.03	6.03	0.80	*0.97
13. Communicating w/ patients	5.94	0.81	6.32	0.65	*0.38
14. Communicating w/ auxiliaries about their work deficiencies	4.48	1.23	5.35	1.05	*0.87
15. Practicing 4-handed dentistry	5.19	1.19	6.35	0.71	*1.16
16. Designing patient scheduling system	3.68	1.45	5.39	0.99	*1.71
17. Supervising large staff	3.74	1.34	5.65	0.80	*1.91
18. Selecting associate/partner	3.97	1.33	4.90	0.91	*0.93
19. Understanding leadership style	4.48	1.52	5.77	0.84	*1.29
20. Aware of nonverbal communications	5.00	1.50	5.84	0.97	*0.84
21. Dealing w/ staff/dentist conflicts	4.65	1.17	5.39	0.95	*0.74
22. Integrating staff into effective team	4.42	1.18	5.81	0.60	*1.39
23. Selecting auxiliary staff	4.13	1.28	5.55	0.81	*1.42

NOTE: * All significance levels at .001 (30d.f.)

One can note that only one S.D. on the pre-test was less than 1.00 (communicating with patients, S.D.= 0.81). This indicates two things: (1) there was a wide range of levels of confidence upon entering the program, (2) students were universally most confident with their ability to communicate with patients. This latter reason may be due to their experiences prior to TEAM Program which included patient treatment; the $\bar{x}$ of 5.94 was the highest pre-test score as well. The S.D. for the post-test shows 19 of the 23 items to be below 1.00. This would indicate the programs' effect on producing commonality for these 23 behavioral objectives. (The program attempts to help students become competent in these areas. To what extent they do feel competent is measured here.) Mean differences showed increases in all 23 items and each was found to be significant at the .001 level. (30 D.f.). The most growth noted by students were in:

- Supervising a large staff
- Using auxiliary staff in the most cost-efficient manner possible
- Designing a patient scheduling system
- Delegating tasks to auxiliaries.

The least growth (although still statistically significant) were the following:

- Communicating with patients
- Dealing with staff/dentist conflicts
- Establishing effective educational/recall program for office
- Communicating with auxiliaries about their work deficiencies.

In order to test the reliability of the students' self reported growth, a blind study was performed with four clinical and management faculty who had not seen the students' data. Each faculty member was given the names of all 31 students and asked to cluster 10 each into 3 categories:

- (1) most gains as a result of the TEAM experience
- (2) moderate gain as a result of the experience
- (3) little change; the student remained basically the same.

This did not indicate level of competence but rather the change that faculty saw. (In other words, a student could start very competent and remain the same; the score would be 3.) The faculty ratings were 90.3% accurate. Also, a rank order correlation was performed with the variation not significant. Thus, one can accept the null hypothesis of reliability. One interesting sidenote - the faculty who spent the most time directly in student contact had the highest reliability with the students' own perceptions.

Conclusions

This paper has described an innovative, experiential/feedback oriented program and examined students change of levels of confidence. Several conclusions can be drawn from the study:

- (1) Innovative curricula are possible in a professional school/ (School of Dental Medicine)
- (2) Attitude measures are a reliable and valid means of determining growth in the affective domain.
- (3) The TEAM Clinical Program at the University of Pennsylvania School of Dental Medicine has accomplished 23 of its behavioral objectives as measured by student and faculty reports.
- (4) Student self reports are reliable and correlate with faculty preceptions in a clinical situation.
- (5) The experiential/feedback oriented curricula has a statistically measureable impact on students, however, other feedback and observations would indicate that the significance is educational as well.

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Appendix

1. Outline of 3½ week experience
2. Pre Measure
3. Post Measure

Week One

CALENDAR FOR TEAM ROTATION

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30	Orientation to TEAM by TEAM Director & Faculty (12 students once every 6 weeks)				
9:00			Observe Mini-Staff Conference and Clinic Activity	Orientation to Appoint- ment Control by TEAM Receptionist	Observe Full Staff Meeting
9:30			↓	Orientation to the TEAM Accounting System by Business Management Faculty	Review Inventory System, Supplies, Etc. with Clinic Supervisor
10:00			Prospective Junior Associate Interviewed by Business Manager (Session Video Taped by Management Faculty)	Review Preventive Program with TEAM Hygienist	Clinic Assignment
10:30				↓	↓
11:00			Review Tapes in Learning Lab with TEAM Management Faculty	Scheduling Exercise	
11:30			↓	↓	↓
12:00			Orientation to Practice with Business Manager Including Computer Forms Patient Records, Quality Assessments, Etc.		
12:30					
1:00	Lunch	Lunch	Lunch	Attend Administrative Conference	Lunch

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30					
9:00	Introductory Meeting with Team	Review Charts	Conduct Mini-Staff Conference and Review Charts	Review Charts	Attend Full Staff Meeting and Mini-Feedback Session
9:30	Patient Treatment ↓	Patient Treatment ↓	Patient Treatment ↓	Patient Treatment ↓	↓
10:00					Patient Treatment ↓
10:30					
11:00					
11:30					
12:00					
12:30					
1:00	Lunch	Lunch	Lunch	Attend Administrative Conference	Lunch

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30					
9:00	Supervise Introductory Meeting of Junior Associate	Review Charts	Conduct Mini-Staff Conference Review Charts	Review Charts	Conduct Full Staff Meeting and Mini-Feedback Session
9:30	Patient Treatment	Patient Treatment	Patient Treatment	Patient Treatment	↓
10:00					Patient Treatment
10:30					↓
11:00					↓
11:30					↓
12:00					
12:30					
1:00	Lunch	Lunch	Lunch	Conduct Administrative Staff Conference	Lunch

Part II.

Please note your level of confidence NOW in effectively carrying out the following: (Circle)

	<u>Not Confident</u> <u>At All</u>					<u>Very</u> <u>Confident</u>	
1. Planning short and long range objectives.....	1	2	3	4	5	6	7
2. Performing quadrant dentistry.....	1	2	3	4	5	6	7
3. Establishing an effective education and recall program for the office...	1	2	3	4	5	6	7
4. Using auxiliary staff in the most cost efficient manner possible.....	1	2	3	4	5	6	7
5. Making decisions and effectively communicating with your staff while under pressure.....	1	2	3	4	5	6	7
6. Implementing a system of collection and payment procedures.....	1	2	3	4	5	6	7
7. Appraising the quality of auxiliary-performed procedures.....	1	2	3	4	5	6	7
8. Motivating the dental staff to carry out tasks.....	1	2	3	4	5	6	7
9. Delegating appropriate tasks to auxiliaries.....	1	2	3	4	5	6	7
10. Evaluating performance of the dental receptionist.....	1	2	3	4	5	6	7
11. Mediating conflicts between staff members.....	1	2	3	4	5	6	7
12. Providing a personally satisfying work environment for yourself and your staff.....	1	2	3	4	5	6	7
13. Effectively communicating with patients.....	1	2	3	4	5	6	7
14. Communicating with auxiliaries about deficiencies in their work.....	1	2	3	4	5	6	7
15. Practicing four-handed dentistry....	1	2	3	4	5	6	7

Part II. (cont)

	Not Confident At All					Very Confident	
16. Designing a patient scheduling system.....	1	2	3	4	5	6	7
17. Supervising a large staff.....	1	2	3	4	5	6	7
18. Selecting an associate or partner.	1	2	3	4	5	6	7
19. Understanding your leadership style.....	1	2	3	4	5	6	7
20. Being aware of nonverbal communications.....	1	2	3	4	5	6	7
21. Appropriately dealing with conflict between yourself and staff members.	1	2	3	4	5	6	7
22. Integrating staff into an effective working team.....	1	2	3	4	5	6	7
23. Selecting auxiliary staff.....	1	2	3	4	5	6	7
24. Analyzing the final ^{actual} status of a practice.....	1	2	3	4	5	6	7
25. Managing a private practice.....	1	2	3	4	5	6	7

Part III. Circle your response.

1. EFDAs can perform reversible dental procedures with equal or greater quality than dentists.

/1 /2 /3 /4 /5 /6 /7 /8 /9

Strongly Disagree Strongly Agree

2. The TEAM method of delivering dental care ~~would~~ allow me to curb the rate of inflation for dental care because it is more cost-effective than mere traditional methods.

/1 /2 /3 /4 /5 /6 /7 /8 /9

3. Given adequate patient flow, available supportive personnel, and the legal right to choose, I would employ and use expanded function auxiliaries in my private practice in a manner similar to that practiced in the TEAM Program?

/1 /2 /3 /4 /5 /6 /7 /8 /9

4. My patients would be receptive to the TEAM method of delivering dental care?

/1 /2 /3 /4 /5 /6 /7 /8 /9

Please note your level of confidence NOW in effectively carrying out the following: (Please circle)

	<u>Not Confident</u> <u>At All</u>					<u>Very</u> <u>Confident</u>	
1. Planning short and long range objectives.....	1	2	3	4	5	6	7
2. Performing quadrant dentistry.....	1	2	3	4	5	6	7
3. Establishing an effective education and recall program for the office..	1	2	3	4	5	6	7
4. Using auxiliary staff in the most cost efficient manner possible.....	1	2	3	4	5	6	7
5. Making decisions and effectively communicating with your staff while under pressure.....	1	2	3	4	5	6	7
6. Implementing a system of collection and payment procedures.....	1	2	3	4	5	6	7
7. Appraising the quality of auxiliary-performed procedures.....	1	2	3	4	5	6	7
8. Motivating the dental staff to carry out tasks.....	1	2	3	4	5	6	7
9. Delegating appropriate tasks to auxiliaries.....	1	2	3	4	5	6	7
10. Evaluating performance of the dental receptionist.....	1	2	3	4	5	6	7
11. Mediating conflicts between staff members.....	1	2	3	4	5	6	7
12. Providing a personally satisfying work environment for yourself and your staff.....	1	2	3	4	5	6	7
13. Effectively communicating with patients.....	1	2	3	4	5	6	7
14. Communicating with auxiliaries about deficiencies in their work...	1	2	3	4	5	6	7
15. Practicing four-handed dentistry...	1	2	3	4	5	6	7

16. Designing a patient scheduling system.....	1	2	3	4	5	6	7
17. Supervising a large staff.....	1	2	3	4	5	6	7
18. Selecting an associate or partner..	1	2	3	4	5	6	7
19. Understanding your leadership style.....	1	2	3	4	5	6	7
20. Being aware of nonverbal communications.....	1	2	3	4	5	6	7
21. Appropriately dealing with conflict between yourself and staff members.	1	2	3	4	5	6	7
22. Integrating staff into an effective working team.....	1	2	3	4	5	6	7
23. Selecting auxiliary staff.....	1	2	3	4	5	6	7
24. Analyzing the financial status of a practice.....	1	2	3	4	5	6	7
25. Managing a private practice.....	1	2	3	4	5	6	7

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30					
9:00	Meet with Business Management Faculty	Review Schedule for day with Junior and Senior Associates	Attend one or two of the Mini-Staff Conferences and introduce Prospective Associate to Clinical Activity	Interview for the Selection of a Prospective Auxiliary	Participate in Full Staff Meeting
9:30	↓	Observe and Record Observations in the Clinic -- RE: Patient flow, Communication of Staff, and Scheduling	↓	↓	Attend Senior Associate Mini-Staff Conference and give feedback
10:00	Analyze Financial Data from Previous Weeks. Estimate Break-Even Number of Patient Visits. Project Net Income over each of the next 4 weeks.	↓	Interview Prospective Junior Associate (Video and Critique by Management Faculty)	Evaluate last 10 days of Performance of the Practice (Analyze the Computer Report)	Assist in Initiating Clinic Activity
10:30	↓	↓	↓	↓	Meet with Management Faculty -- 1-Critique of Business Manager's week from Management Faculty 2-Feedback to Management Faculty from Business Managers 3-Discuss goals and strategies for Senior Associate Week.
11:00	↓	Attend Meeting with Clinic Supervisor to Review Observations and Recommendations	Review Tapes in Learning Lab with Management Faculty	Draft rough copy of Business Managers' Report	
11:30	↓	↓	↓	↓	
12:00	↓	↓	Orient Prospective Junior Associate to the TEAM Practice	Meeting with Business Management Faculty to go over the Business Manager's Report	
12:30	↓	Review Materials and Prepare for Interview with Prospective Junior Associate	↓	↓	
1:00	Lunch	Lunch	Lunch	Attend Administrative Staff Conference and Present Business Manager's Report	Lunch